* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

OR

OR

+140=

ADDIT, FEE

TOTAL

+280=

ADDIT. FEE

TOTAL

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09880223

CLAIMS AS FILED - PART I (Column 1)						mn 2)	SMALL ENTITY TYPE			OR	OTHER THAN SMALL ENTITY												
TOTAL CLAIMS			28					E	FEE		RATE	FEE											
FOR			NUMBER FILED		NUMB	ER EXTRA	BASIC	FEE	355.00	OR	BASIC FEE	·710.00											
TOTAL CHARGEABLE CLAIMS			28 minus 20=		• \$		X\$ 9)=		OR	X\$18=	144											
INDEPENDENT CLAIMS			3 minus 3 =				X40	=		OR	X80=												
MULTIPLE DEPENDENT CLAIM PRESENT							+135	;=		OR	+270=												
* If the difference in column 1 is less th				than zero, enter "0" i		olumn 2	TOTA			OR	TOTAL	.854											
	C	MENDED	IENDED - PART II				!			OTHER													
		(Column 1)		(Colur		(Column 3)	SMA	LLE	ENTITY	OR	SMALL	ENTITY											
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE											
	Total	*	Minus	**		=	X\$ 9	=	-	OR	X\$18=												
	Independent	*	Minus	***	5 01 4 11 4	=	X40	=		OR	X80=												
_	FIRST PRESE	NTATION OF MU	JUI IPLE DEF	ENDEN	CLAIM	لبلب	+135	=		OR	+270=												
							TO	TAL			TOTAL												
*		ADDIT. I	EE			ADDIT. FEE																	
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colui HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE											
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=												
	independent	*	Minus	***	· ·	=	X40:	=		OR	X80=												
	FIRST PRESENTATION OF MULTIPLE DEPEND				CLAIM	لبلب	+135				+270=												
					,			TAL		OR OR	TOTAL												
		(Column 1)		(Colur	mn 2)	(Column 3)	ADDIT. F	EE	-	JOH	ADDIT. FEE												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA	RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE											
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=												
	Independent	*	Minus	***		=	X40:				X80=												
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		,											
	If the entry in colu	mn 1 is less than t	ne entry in colu	mn 2. write	e "0" in co	lumn 3.	+135		,	OR	+270=												
**	If the "Highest Nu If the "Highest Nu	mber Previously Pa mber Previously P	aid For" IN THI aid For" IN THI	S SPACE I	is less tha is less tha	n 20, enter "20." In 3, enter "3."	ADDIT. F	EE	propriate bo		* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												